

Susana Martinez, Governor Brent Earnest, Secretary Sean Pearson, Deputy Secretary

General Information Memorandum

ISD-GI 16-68

TO: ISD Employees

FROM: Sean Pearson, Deputy Secretary, Human Services Depetment

RE: Requesting Services from the Community Outre ch Progra of the Deaf

DATE: September 22, 2016

This GI contains updated purchase order (PO) information needed if order to obtain services through the Community Outreach Program for the Des (CO3D).

Instead of calling the COPD, requests will now be much the tly by the field office point of contact through COPD's website. The following an instructions used to access face-to-face deaf interpretation services for our recipients who are that or hard of hearing.

Begin by entering http://www.copdnre.org/ in your Internet Explorer browser search field. Select the "Request an Interpreta" table of their complete the information in the following sections:

- 1. **Requestor Information**: enter the arst name, last name, title, phone number, and email address of the IS staff daking the request.
- 2. Customer account in formation: enter the ISD county office name on the "I already have a customer account" tab.
- 3. Service Information:
 - a. Service Drop-Down Box: select "ASL Interpreting."
 - b. Number: choose the number of interpreters needed that day.
 - c. **Service Description**: the topic and a brief description of what the interpreter will be expected to discuss, for example, SNAP, Medicaid, TANF, new application, renewal, etc.
 - d. **PO Number 0000028600**: this PO is good through June 30, 2017.
 - e. Service Date: date, start time and end time for the required service.
- 4. **Service Location**: include location with the complete address, building number and driving instructions.

Income Support Division PO Box 2348 – Santa Fe, NM 87504 Phone: (505) 827-7250 Fax: (505) 827-7203

- 5. Client/Consumer Information: recipient's name, gender and if they prefer a male or female interpreter.
- 6. Submit Your Service Request:
 - a. Comments: any additional information that may help the schedulers.
 - b. Non-Spam Validation: Type letters shown in colored block.
- 7. Click "Submit Request."

If additional assistance is necessary, the COPDNM telephone number is (505) 255-7636. If you have any questions regarding this information, please contact Kathy Blea at (505) 827-7760 or kathya.blea@state.nm.us.

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